## Form **533**

(Rev. June 1990)

Department of the Treasury Internal Revenue Service

## Return of Excise Taxes Related to Employee Benefit Plans

(Under sections 4971, 4972, 4973(a)(2), 4975, 4976, 4977, 4978, 4978A, 4978B, 4979, 4979A, and 4980 of the Internal Revenue Code)

OMB No. 1545-0575

Expires: 6-30-93

For tax y	ear beginning	, 19 and ending		, 19		
Name (se	e general instructions)		Check applicable box and enter number:			
			Employer i	dentification number <b>OR</b>		
Number and street (or P.O. box number if mail is not delivered to street address)			Social security number			
City or to	up state and ZID and		(see general in	structions)		
City or tov	vn, state, and ZIP code	•				
Name and	l address of employer	whose plan was involved in the prohibited transaction, if applicable	Employer ident	ification number		
		Plan year ending				
Name of plan						
Part I	Tax on Failure	To Meet Minimum Funding Standards (Section 4971)				
1 Acc		eficiency in the plan's minimum funding standard account (see specific in	nstructions)			
	-	iciency in the plan's alternative minimum funding standard account (see spe	, ,			
<b>3</b> Tax	due-10% of line	1 or 10% of line 2 for plan years beginning after 12-31-88 (5% of line	e 1 or line 2 for			
	ltiemployer plans o	r for plan years beginning before 1-1-89) (See instructions.) Enter h	ere and on line			
21	T	0-44-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-				
Part II		Contributions to Section 403(b)(7)(A) Custodial Accounts	(Section 49/3)			
		ted for current year, less rollovers identified in section 4973(c)(1)				
		m gross income under section 403(b) (see instructions)				
	-	ntributions (line 4 less line 5, but not less than zero) ibutions not previously eliminated. If zero, proceed to line $11 \ . \ . \ .$				
	-	ine 5 exceeds line 4, enter the excess; otherwise, enter zero)				
	· ·	distributions out of the account included in your gross income unde				
		distributions out of the account included in your gross income under the difference of the account included in your gross income under the account in the account in the account included in your gross income under the account in the account				
		ccess contributions (line 7 less the total of lines 8 and 9)				
		utions (line $6$ plus line $10$ )				
		Enter the lesser of 6% of line 11 or 6% of the value of your accounts				
Part III		nere and on line 22........................ ted Transactions (Section 4975)				
	Tax on Profildi		Amazont involved	(d) Initial tax on		
Transaction number	(a)Date of transaction (see instructions)	(b) Description of prohibited transaction	Amount involved in prohibited transaction see instructions)	prohibited transaction (5% of column (c)) (see instructions)		
(i)						
(ii)						
(iii)						
h T	, duo	in column (d) Enter have and an line 22	_			
u lax		s in column (d). Enter here and on line 23	nd statements, and to	the best of my knowledge and		
Please	belief, it is true, cor	belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
Sign		<b>\</b>				
Here	Your signature	Da	ite			
Paid Preparer's	Preparer's					
	'e	signature Da		e		
Use Only	self-employed) and	Firm's name (or yours if self-employed) and				
	address	<b>7</b>				

Part XII Schedule of Other Participating Disqualified Pe	ersons
--	--------

34	(a) Name and address of disqualified person	(b) Transaction number from Part III	(c) Employer identification number or social security number
(i)		•	
(ii)			
(iii)			
Part XIII	Description of Correction (See line 33 instructions.)		
(a) Transaction number from Part III	(b) Nature of correction		(c) Date of correction
			Office 1000 262 151/00161

⇒ U.S. Government Printing Office: 1990-262-151/00161